

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 23, 2004. In accordance with Rule 133.307(d)(1), date of service 1/21/03 was received after the one year filing deadline and therefore will not be addressed in this review.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the joint mobilization, myofascial release, therapeutic exercises, prolonged services, manual traction, gait training, office visits with & without manipulations, application of surface (transcutaneous) neurostim, unlisted procedure, computer data analysis, electrical stimulation unattended, medical reports, chiropractic manipulations-1-2/3-4 regions, manual therapy techniques, treating doctor exam, electrodes and cervical manipulation were not found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. As the joint mobilization, myofascial release, therapeutic exercises, prolonged services, manual traction, gait training, office visits with & without manipulations, application of surface (transcutaneous) neurostim, unlisted procedure, computer data analysis, electrical stimulation unattended, medical reports, chiropractic manipulations-1-2/3-4 regions, manual therapy techniques, treating doctor exam, electrodes and cervical manipulation were not found to be medically necessary, reimbursement for dates of service rendered 1/23/03 through 12/5/03 is denied and the Division declines to issue an Order in this dispute.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

Correspondence submitted by \_\_\_\_, revealed Dr. V desires to withdrawal the fee issues. Therefore no further action is required on the fee issues.

This Decision is hereby issued this 22<sup>nd</sup> day of October 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

April 30, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT**  
**Corrected services in dispute and dates of service.**

Re: Medical Dispute Resolution  
MDR #: M5-04-1452-01  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

**REVIEWER'S REPORT**

**Information Provided for Review:**

Correspondence  
H&P and office notes  
Physical therapy notes  
Range of motion exams  
Radiology report

**Clinical History:**

This claimant is a 35-year-old female who was involved in a work related accident on \_\_\_, injuring her left lower quarter. Radiographs taking of the cervical, thoracic, and lumbar spine on 10/27/02 were unremarkable for osseus pathology. On 11/13/02, this claimant presented to the office of the chiropractor and was diagnosed with acquired subluxation of the pelvis, lumbosacral muscle spasm, closed dislocation of the sacrum, and a sprain of the sacrum. Conservative chiropractic therapeutics like manipulation, ultrasound, myofascial release, therapeutic exercise, and interferential therapy were implemented.

MR imaging of the left hip on 12/16/02 was unremarkable for a soft tissue trauma. Neurodiagnostic study of the lower quarter on 12/23/02 was unremarkable for pathology. On 01/13/03 the claimant was diagnosed with left hip pain, low back pain, and chronic pain syndrome. An injection to the left greater trochanteric bursa was performed on 01/27/03. On 09/05/03, this patient was placed at Maximum Medical Improvement and was assigned a 5% whole person impairment of function.

**Disputed Services:**

Joint mobilization, myofascial release, therapeutic exercises, prolonged services, manual traction, gait training, office visits with & without manipulations, application of surface (transcutaneous) neurostim, unlisted procedures, computer data analysis, electrical stimulation-unattended, medical reports, chiropractic manipulations-1-2/3-4 regions, manual therapy techniques, treating doctor exam, electrodes and cervical manipulation during the period of 01/23/03 through 12/05/03.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

**Rationale:**

No qualitative/quantitative data was provided for the purpose of this review to support the application of over 70 sessions of predominantly passive, interdisciplinary therapeutics in the management of this claimant's medical condition from 01/21/03 through 12/05/03. The provider has failed to establish a treatment plan that warrants the extent of passive therapeutics noted in the management of this claimant.

This patient sustained an injury in a slip and fall on \_\_\_\_\_. Radiographs taken of the axial spine (cervical/thoracic/lumbar) were unremarkable. MR imaging of the left hip performed in 12/16/02 was unremarkable. Neurodiagnostics of the lower quarter performed on 12/23/02 that includes a NCV/SSEP were unremarkable. Reviewed medical record does not warrant the provider's applications.

Among rehabilitation professionals, a course of conservative therapeutics is warranted over a 4-6 week trial. However, a qualitative/quantitative data must show efficacy of the previously applied trial to warrant continued applications of the same therapeutics. In the reviewed medical record, continued conservative management is contraindicated in the treatment of this claimant. It is vital to implement a time-limited course of passive therapeutics, if they are applicable, in the management of a claimant's pain generators. Reviewed medical record indicates that the provider has failed to transition this claimant on numerous occasions to active, patient-driven therapeutics. The array of services offered by the provider and the duration of services rendered are atypical among rehabilitation professional in the management of like and similar conditions.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Hanada, E. Y. *Efficacy of Rehabilitative Therapy in Regional Musculoskeletal Conditions*. Dft Pract Ras Clin Rheumatol. 2003 Feb; 17(1): 151-66.
- *Overview of Implementation of Outcome Assessment Case Management in the*

- *Clinical Practice*. Washington State Chiropractic Association; 2001. 54p.
- Troyanovich S. J. et. al. *Structural Rehabilitation of the Spine and Posture: Rationale for Treatment Beyond the Resolution of Symptoms*. J Manipulative Physiol Ther. 1999 Jan; 21(1): 37-50
- *Unremitting Low Back Pain*. North American Spine Society Phase III Clinical Guidelines for Multidisciplinary Spine Care Specialist. North American Spine Society; 2000. 96p.

Sincerely,